

FAX RECEIVED

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TECHNOLOGY CENTER 2800

FCHS-B-00

Sir:

Kindly acknowledge receipt of the accompanying:

Response to Official Action. RCCE & Check for \$ 24.00 Add claim fees

Check for \$ 70.00 (trans. fee) & Check for \$ 24.00 Add claim fees

Petition under 37 CFR 1.136 and Check for \$ _____

Notice of Appeal and Check for \$ _____

Information Disclosure Statement, PTO-1449 and _____ documents

Claim for priority and certified copies of _____ priority applications

Issue fee transmittal and Check for \$ _____

Other (specify) Request for continued examination (RCCE) by Mark Haffey & Priority Amendment by placing your receiving date stamp hereon and mailing or returning to deliverer.

Aut. PC-H KO Due Date 9/25/03 37 CFR 1.8 37 CFR 1.10 By Hand P.O. Box 1450
Alexandria, VA 22313-1450

Mail Stop RCCE
Commissioner for Patents
P.O. Box 1450
Atty. Docket AC644.00254
Application No. 11/992,283
Date 9/25/03
Mo. Day Yr.

In re Application of:

Docket No. 00684.003256.

TAKEHIKO NAKAI

Application No.: 09/960,283

Examiner: Leonidas Boutsikaris

Filed: September 24, 2001

Group Art Unit: 2872

For: DIFFRACTIVE OPTICAL ELEMENT
AND OPTICAL SYSTEM HAVING
THE SAME

Date: September 25, 2003

Mail Stop RCE
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

 No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 35	MINUS	** 26	= 9	x \$9 \$18	162.00
INDEP. CLAIMS	* 4	MINUS	*** 3	= 1	x \$42 \$84	84.00
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						246.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$ 246.00 is enclosed.

Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.

A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.

Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant

Registration No. 29 296

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200